

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REVOCATION OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the application or patent identified below and in the attached statement under 37 CFR 3.73(b):

<u>U.S. Patent Application No.</u>	<u>U. S. Patent No.</u>
09/534,836	6,950,948
10/081,863	7,099,471
11/147,655	7,360,094
11/293,459	7,389,250
11/734,481	
11/950,334	

I hereby appoint:

- Practitioners associated with the Customer Number:
- OR
- Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application or patent identified in the attached statement under 37 CFR 3.73(b) to:

<input type="checkbox"/>	The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>			
OR				
<input checked="" type="checkbox"/>	Firm or Individual Name: DEMOXI, INC.			
Address	P. O. Box 52686			
City	Bellevue	State	Washington	Zip 98015
Country	USA	Telephone		Email

Assignee Name and Address:

DEMOXI, INC.  
P. O. Box 52686  
Bellevue, WA 98015

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record		
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee		
Signature		
Name	Robert W. Monster	
Title	(EVP, DEMOXI, INC.)	